

Maricopa County

Group Insurance Form

Basic Life with AD&D 1 X Salary

Unum Life

(paid by Maricopa County)

Supplemental Life with AD&D

Unum Life

(Paid by employee)

Non-Smoker

- ☐ 1 X Salary
- ☐ 2X Salary
- ☐ 3X Salary
- ☐ 4X Salary
- ☐ 5X Salary

Smoker

- ☐ 1 X Salary
- ☐ 2X Salary
- ☐ 3X Salary
- ☐ 4X Salary
- ☐ 5 X Salary

☐ Decline Supplemental Life

Life Insurance Beneficiary Information For Basic and Supplemental Life

Examples of types of designations

- ✓ Primary- The entire benefit goes to the person(s) listed as "primary"
- ✓ Secondary- In the event of the Primary beneficiary's death, the benefit would go to the person(s) listed as "secondary"
- ✓ Percentages- Must total 100%
- ✓ Do not list a dollar amount

Name	Mailing Address	DOB	Phone Number	Relationship	Benefit Percentage

Dependent Life

Unum Life

(Paid by employee)

- ☐ Spouse \$5,000 & each child \$2,500
- ☐ Spouse \$10,000 & each child \$5,000

☐ Decline Dependent Life

Short Term Disability

Unum

(Paid by employee)

- ☐ 50%
- ☐ 60%
- ☐ 70%

☐ Decline Short Term Disability

Once your plans go into effect, you must have a "Qualified Family Status Change" as defined by the IRC Section 125 in order to modify your Medical, Dental coverage or Spending Account plan Elections. Information about the IRC Section 125 plans can be found online at: <http://ebc.maricopa.gov/hr/benefits/>.

I authorize payroll deductions(from my paycheck) for the required rates due for benefits I have chosen. I understand that these rates may be revised periodically.

If there is a clerical error, the County will correct the administrative error on a no-loss, no gain basis between you and the County.

I certify that I have read the following information and I elect to participate under the stated requirements.

Employee's Signature :

Date: